

DEREK KILMER  
6<sup>TH</sup> DISTRICT, WASHINGTON

COMMITTEE ON APPROPRIATIONS  
DEFENSE SUBCOMMITTEE  
INTERIOR, ENVIRONMENT, AND RELATED  
AGENCIES SUBCOMMITTEE  
ENERGY AND WATER DEVELOPMENT  
SUBCOMMITTEE  
COMMITTEE ON HOUSE  
ADMINISTRATION  
OVERSIGHT SUBCOMMITTEE  
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**Congress of the United States**  
**House of Representatives**  
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**Passport Information Release**

**\*Need a release form for each individual**

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

Full Name of Individual Needing Passport (please print): \_\_\_\_\_

Date and City of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Passport Confirmation Number (if Available): \_\_\_\_\_

Have you contacted another Representative or Senator about the situation for which you are requesting assistance? If so, which office(s)?: \_\_\_\_\_

Please clearly describe the situation and your desired outcome for which you are requesting assistance. You are encouraged to provide copies of supporting documentation to assist us with your inquiry. Feel free to attach additional pages.

Date and Time of Travel: \_\_\_\_\_

Airline/Flight Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

The information I have provided to Representative Derek Kilmer is true and accurate to the best of my knowledge and belief and is in no way an attempt to evade or violate any federal, state, or local law. In addition, I acknowledge that the information with Representative Kilmer and his staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Representative Kilmer to seek resolution in the matter described above including the right to receive any information contained in my file, to forward correspondence sent by me/us regarding this above matter, or any other action I have related to the matter described above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ \*Signed by parent if minor

\*Due to high demand the passport agency cannot guarantee that you will receive your passport prior to your date of travel